

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Judicial Single - Candidate Committees

1. DATE OF REPORT <u>1/26/06</u>		2.a. NAME OF CANDIDATE <u>MIKE ACUFF</u>	
2.b. NAME OF CANDIDATE'S COMMITTEE <u>FRIENDS TO ELECT MIKE ACUFF</u>		3. ELECTION DATE <u>AUGUST 3, 2006</u>	
4.a. CAMPAIGN ADDRESS AND PHONE <div style="display: flex; justify-content: space-between;"> Street or Rural Route City State Zip Code Phone </div> <u>1605 GUNSTON HALL RD, HIXSON</u> <u>TN</u> <u>37343</u> <u>(423) 847-8730</u>			
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) <div style="display: flex; justify-content: space-between;"> Street or Rural Route City State Zip Code Phone </div>			
5. JUDICIAL OFFICE SOUGHT (include district number, if applicable) <u>GENERAL SESSIONS COURT JUDGE</u>		6. NAME OF POLITICAL TREASURER <u>BYERLY MORGAN</u>	
7. CATEGORY OR REPORT (Check one) <div style="display: flex; justify-content: space-between;"> PRE-PRIMARY <input type="checkbox"/> POST-PRIMARY <input checked="" type="checkbox"/> PRE-GENERAL <input type="checkbox"/> POST-GENERAL <input checked="" type="checkbox"/> SUPPLEMENTAL <input type="checkbox"/> AMENDED <input type="checkbox"/> </div>			
8.a. BEGINNING DATE OF REPORTING PERIOD <u>11/23/05</u>		8.b. ENDING DATE OF REPORTING PERIOD <u>12-31-05</u>	
9. (Check one) <div style="display: flex; justify-content: space-between;"> a. <input type="checkbox"/> This campaign is exempt from detailed disclosures because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.) </div> <div style="display: flex; justify-content: space-between;"> b. <input checked="" type="checkbox"/> This campaign is required to file a detailed financial disclosure because contributions (including in-kind) received total more than \$1,000 and/or expenditures total more than \$1,000 for this reporting period. </div>			
10. SIGNATURE OF CANDIDATE <u>Mike Acuff</u> <u>1/26/06</u> Signature of Candidate Date <u>Charlotte Mullis</u> <u>1/26/06</u> Signature of Witness Date		11. SIGNATURE OF POLITICAL TREASURER I do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and accurate. Additionally, I swear or affirm that no campaign contributions have been expended for the personal financial benefit of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code. <u>Byerly Morgan</u> <u>1/26/06</u> Signature of Political Treasurer Date <u>Charlotte Mullis</u> <u>1/26/06</u> Signature of Witness Date	
12. SUMMARY			
a. BALANCE ON HAND LAST REPORT		\$ <u>0 -</u>	
b. TOTAL RECEIPTS THIS PERIOD		\$ <u>2840.72</u>	
c. TOTAL DISBURSEMENTS THIS PERIOD		\$ <u>1373.22</u>	
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)		\$ <u>1467.50</u>	
e. TOTAL LOANS OUTSTANDING		\$ <u>1500.00</u>	
f. TOTAL OBLIGATIONS OUTSTANDING		\$ <u>0 -</u>	



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full) <div style="font-size: 1.2em; font-family: cursive;">FRIENDS TO ELECT MIKE ACUFF</div>	14. REPORT COVERING THE PERIOD FROM: 11/23/05 TO: 12/31/05
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RECEIPTS

15. CONTRIBUTIONS (other than loans and interest)

a. Unitemized Contributions (\$100 or less from each source this period) \$ 00

b. Itemized Contributions (over \$100 from each source this period) \$ 1340.72

c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) \$ 1340.72

16. LOANS RECEIVED THIS REPORTING PERIOD \$ 1500.00

17. INTEREST RECEIVED THIS REPORTING PERIOD \$ 00

18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.) \$ 2840.72

DISBURSEMENTS

19. EXPENDITURES (other than loan payments)

a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.g., printing, postage, gasoline)

Imprinted Checks & Deposit Slips	\$ 32.50
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

Total of Expenditures (\$100 or less each payee) \$ 32.50

b. Itemized Expenditures (Over \$100 each payee this period) \$ 1340.72

c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) \$ 1373.22

20. LOAN REPAYMENTS MADE THIS PERIOD \$ 00

21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.) \$ 1373.22

22. IN-KIND CONTRIBUTIONS

a. Unitemized in-kind contributions (\$100 or less from each source this period) \$ 00

b. Itemized in-kind contributions (over \$100 from each source this period) \$ 00

c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.) \$ 00

23. OBLIGATIONS

a. Unitemized Obligations Outstanding (\$100 or less each) \$ 00

b. Itemized Obligations Outstanding (Over \$100 each) \$ 00

c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown in item 12.f.) \$ 00

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE FRIENDS TO ELECT MIKE ACUFF			2. REPORT COVERING THE PERIOD FROM: 11/23/05 TO: 12/31/05	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount - 0 -	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)				
First Name MICHAEL	Middle Name LYNN	Contribution Received For: <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		Amount of Contribution \$152.95
Last Name/Organization Name ACUFF (CANDIDATE)		<input type="checkbox"/> Runoff (Local Elections Only)		
Address 1605 GUNSTON HALL RD				
City HIXSON	State TN	Zip Code 37343	Date of Contribution(s) 11/23/05	Aggregate this Election 152.95
First Name MICHAEL	Middle Name LYNN	Contribution Received For: <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		Amount of Contribution \$739.95
Last Name/Organization Name ACUFF (CANDIDATE)		<input type="checkbox"/> Runoff (Local Elections Only)		
Address 1605 GUNSTON HALL RD				
City HIXSON	State TN	Zip Code 37343	Date of Contribution(s) 12-18-05	Aggregate this Election \$892.90
First Name MICHAEL	Middle Name LYNN	Contribution Received For: <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		Amount of Contribution \$396.02
Last Name/Organization Name ACUFF (CANDIDATE)		<input type="checkbox"/> Runoff (Local Elections Only)		
Address 1605 GUNSTON HALL RD				
City HIXSON	State TN	Zip Code 37343	Date of Contribution(s) 12/22/05	Aggregate this Election \$1288.92
First Name MICHAEL	Middle Name LYNN	Contribution Received For: <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		Amount of Contribution \$51.80
Last Name/Organization Name ACUFF (CANDIDATE)		<input type="checkbox"/> Runoff (Local Elections Only)		
Address 1605 GUNSTON HALL RD				
City HIXSON	State TN	Zip Code 37343	Date of Contribution(s) 12/25/05	Aggregate this Election \$1340.72
First Name	Middle Name	Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		Amount of Contribution
Last Name/Organization Name		<input type="checkbox"/> Runoff (Local Elections Only)		
Address				
City	State	Zip Code	Date of Contribution(s)	Aggregate this Election
First Name	Middle Name	Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		Amount of Contribution
Last Name/Organization Name		<input type="checkbox"/> Runoff (Local Elections Only)		
Address				
City	State	Zip Code	Date of Contribution(s)	Aggregate this Election
5. TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in item 15b. of summary.)				\$1340.72



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE FRIENDS TO ELECT MIKE ACUFF			2. REPORT COVERING THE PERIOD FROM: 11/23/05 TO: 12/31/05		
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount - 0 -		
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)					
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name Billy T + Tom SIGNS				SIGNS	\$ 152.95
Address 5228 HIXSON PIKE					
City HIXSON	State TN	Zip Code 37343			
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name ALLIANCE PRINTING				STATIONERY	\$ 791.75
Address 2830 NORTH DUG GAP RD					
City DALTON	State GA	Zip Code 30722			
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name IDEASCOPE				BUSINESS CARDS	\$ 396.02
Address 3515 W. BEVERLY BLVD					
City MONTERELLO	State CA	Zip Code 90640			
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code			
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code			
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code			
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)					1340.72



Last Name/Organization Name			Last Name/Organization Name		
Address			Address		
City	State	Zip Code	City	State	Zip Code
Amount Guaranteed Outstanding			Amount Guaranteed Outstanding		
First Name		Middle Name	First Name		Middle Name
Last Name/Organization Name			Last Name/Organization Name		
Address			Address		
City	State	Zip Code	City	State	Zip Code
Amount Guaranteed Outstanding			Amount Guaranteed Outstanding		
First Name		Middle Name	First Name		Middle Name
Last Name/Organization Name			Last Name/Organization Name		
Address			Address		
City	State	Zip Code	City	State	Zip Code
Amount Guaranteed Outstanding			Amount Guaranteed Outstanding		
First Name		Middle Name	First Name		Middle Name
Last Name/Organization Name			Last Name/Organization Name		
Address			Address		
City	State	Zip Code	City	State	Zip Code
Amount Guaranteed Outstanding			Amount Guaranteed Outstanding		
First Name		Middle Name	First Name		Middle Name
Last Name/Organization Name			Last Name/Organization Name		
Address			Address		
City	State	Zip Code	City	State	Zip Code
Amount Guaranteed Outstanding			Amount Guaranteed Outstanding		
4. Totals for all Loans (complete on last page of itemized loans) (Total loans received should also be shown in item 16, on summary page.) (Total loan payments should also be shown in item 20, on summary page.) (Total outstanding loan balance should also be shown in item 12.e, on front page.)			Outstanding Loan Balance (Beginning of Period)		
			Loans Received		
			Loan Payments		
			Outstanding Loan Balance (End of Period)		
- 0 -			\$ 1500.00		
Page 1 of 1			1500.00		



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE FRIENDS TO ELECT MIKE ACUFF			2. REPORT COVERING THE PERIOD FROM: 11/23/05 TO: 12/31/05			
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED OBLIGATION (obligations totaling more than \$100 owed to any person/vendor at the end of the reporting period)			Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
			- 0 -	- 0 -	- 0 -	- 0 -
First Name			Middle Name			
Last Name/Business Name						
Address						
City			State Zip Code			
Description of Obligation						
First Name			Middle Name			
Last Name/Business Name						
Address						
City			State Zip Code			
Description of Obligation						
First Name			Middle Name			
Last Name/Business Name						
Address						
City			State Zip Code			
Description of Obligation						
First Name			Middle Name			
Last Name/Business Name						
Address						
City			State Zip Code			
Description of Obligation						
First Name			Middle Name			
Last Name/Business Name						
Address						
City			State Zip Code			
Description of Obligation						
First Name			Middle Name			
Last Name/Business Name						
Address						
City			State Zip Code			
Description of Obligation						
4. TOTALS						
(Total from Outstanding Balance - (End of Period) column must also be shown in item 23b. on summary page.)			- 0 -	- 0 -	- 0 -	- 0 -

